

DETECTION, INTERVENTION AND PREVENTION OF ELDER ABUSE

A JDC-Eshel Program

Overview

After 11 years, the Detection, Intervention and Prevention of Elder Abuse, a program that was fully developed by JDC-Eshel, has been phased out of by JDC, and all units are now fully funded by the Ministry of Social Services and by local municipal welfare departments.

The program, although not without its challenges, was developed successfully and enjoyed a relatively smooth handoff. A strong start in 2005 with our committed government partners (particularly the deputy director of the Services for the Elderly department of the Ministry of Social Services) was a key factor in its success. The Ministry continues to operate the 55 locations throughout Israel independent of JDC-Eshel.

The Drive Behind the Program: Since the 1980s, research had been published in several countries on the issue of elder abuse, but in 2000, there was still no professional discourse or data on the situation in Israel, and very few services to address the problem. JDC-Eshel's director at the time, Professor Yitzhak Brick, decided to examine the issue and integrated it into the subsequent JDC-Eshel five-year plan (2001-2006). In preparation, JDC-Eshel management convened a multi-disciplinary committee of 25 representatives from the government, including the NII, the Ministry of Social Services, and the Ministry of Justice, the police, academics, municipal social services professionals, JDC-Eshel staff, and medical professionals. Together, they learned about the problem, studied intervention models from other countries, broke into sub-committees that met periodically over a period of a year and a half, and developed a series of recommendations. (See Appendix VI for summary of recommendations.)

One of the first recommendations that JDC-Eshel implemented with the NII was to commission a **national survey on elder abuse in Israel**. The results of the survey, conducted by the University of Haifa's Center for Research and Study on Aging, were alarming. From a cluster sample of 392 males above the age of 65, and 650 females above the age of 60,

18.4% of the informants had been exposed to physical, sexual, or verbal abuse; limitation of freedom; or financial exploitation in the previous 12 months. The abusers were almost exclusively the victims' partners or children; paid caregivers were seldom involved in any kind of abuse and were often the first people to recognize the distress of clients suffering abuse.

This survey provided a base of knowledge that was critical in galvanizing JDC-Eshel and the government ministries to act. It also provided a foundation for JDC-Eshel's implementation of two other of the committee's recommendations: **training professionals** to identify possible cases of abuse and neglect, and **developing models for intervention**.

Successes: There are currently 55 Units for the Detection and Prevention of Elder Abuse in Israel. JDC-Eshel was directly responsible for establishing 29, and the rest were created by the Ministry of Social Services. On average, each of these units has an active caseload of 60-70 per year, with large cities like Jerusalem, Beer Sheva, Ashdod, Rishon LeZion, and Bat Yam managing an active caseload of some 250-300 people a year. Each of these units is also raising awareness of the issue in their city through workshops for professionals, local conferences, and outreach to elderly in community-based institutions.

As of 2016, JDC-Eshel has phased out of the program. JDC-Eshel continues to be a member of the advisory/steering committee, and is directly responsible for several forms of professional development in this realm. It provides courses for professionals on the subject of elder abuse, offers advanced training for professionals in the municipal units, and organizes an annual conference on elder abuse, in partnership with the Ministry of Social Services and the Ministry of Health.

The training modules and conferences have now reached hundreds of thousands of people over the years. These modules have raised and continue to raise awareness, provided professionals with the knowledge they need, and encourage elderly victims to seek help.

Challenges: One of the challenges the program encountered is related to data collection. Neither JDC nor the municipal offices had a computerized system for collecting data and tracking cases, and JDC-Eshel had to collect reports from the units manually. Furthermore, despite clear guidelines, the social workers in the units did not always provide data in a consistent manner. For instance, some provided numbers on their caseload based on active

intervention plans, while others also included people whose intervention plan had expired, but were still being monitored. JDC-Eshel could do more to ensure clarity and consistency on these matters from the outset of a program. Some data collection issues will be addressed in the process of planning a database for JDC-Eshel in the future.

In addition, some parts of the program were discontinued or did not come to fruition, such as a hotline for elder abuse that did not generate a significant number of elder abuse reports, and plans for a joint project with the Israel Police, which was not met with a high level of commitment and attention by the police and was not pushed forward very strongly from our end.

Funding Model: The funding model was such that each municipality gradually increases its financial share over the first three years. JDC-Eshel's part was: first year 90%, second year 60%, third year 50%. From the fourth year onward, the Ministry of Social Services funds the salary of the social worker, and other costs are covered by the municipality. JDC-Eshel remains involved in professional education.

The table below shows the **development of the Elder Abuse program over the DNA lifecycle:**

DEVELOP		NURTURE	ACCELERATE
2003-2004	2005-2008	2009-2012	2013-2016
<p>Program model identified and modified</p> <p>Agreement signed with partners, pilot locations chosen</p> <p>First Israeli research published on the subject</p>	<p>Program piloted in three locations: Bat Yam, Beer Sheva, and Afula, and evaluated by MJB</p> <p>2005: First national conference on elder abuse in Israel</p> <p>New training course developed on treatment of elder abuse and neglect</p> <p>2006: Established unit in Jerusalem</p> <p>2007: Ministry first opened unit, with its own funding</p>	<p>2009: Units opened in Ramat Gan, Maalot</p> <p>2010: Units opened in Migdal Haemek, Rishon LeZion, Holon, Ashdod</p> <p>2010: Risk-assessment tool ready for use; new training course developed to ensure professionals maximize its potential</p> <p>2011: Units opened in Kiryat Gat, Ramle, Nazareth</p>	<p>2013: Units opened in Sderot, Tirat Hacarmel¹</p> <p>2013: First national media campaign, which brought in hundreds of hits on the topic to the Reut-Eshel website</p> <p>Decision in mid-2013 that JDC-Eshel would not open more locations and Ministry of Social Services would continue expansion. JDC-Eshel's role remains in knowledge development, national conference, and public awareness – all on national level.</p> <p>2014: Four final units opened in Ramat Hasharon, Kiryat Ono, Rosh Ha'ayin, Hod Hasharon (based on a verbal agreement made prior to decision to stop expansion)</p>

In-depth Look at Developing a Pilot Program: Stages and Challenges

2003-2004 – Adapting an Existing Model: Seeking an intervention model to address the problem of elder abuse and neglect in 2003, JDC-Eshel chose to adapt an existing model that had run as a pilot in Herzliya's municipal social services department, in partnership with the Ministry of Social Services, and had been evaluated and found effective by the Hebrew University of Jerusalem in 2002.² The Ministry of Social Services was a central

¹ These two locations were funded by direct grants from Jewish Federations with emergency funds. JDC-Eshel funded only trainings and a local conference in Sderot, and a training and multi-disciplinary team in Tirat Hacarmel.

² Beth Katzman and Howard Litman: *Protection of elderly, and prevention of abuse against them in Herzliya*, Hebrew University of Jerusalem, 2002.

partner in this stage, and together we decided to deepen the program model and expand to additional locations.

The original program in Herzliya had placed a social worker in the municipal social services department who was dedicated to case management of incidences of elder abuse and neglect. JDC-Eshel's more robust model added a multi-disciplinary team, an advisory committee, external supervision by a psychotherapist, and the aspect of raising awareness in the community.

Together with the Ministry of Social Services, we handpicked three cities (Afula, Bat Yam and Beer Sheva) for a pilot. The locations were chosen for their diverse population, diverse geographic location, their high percentage of elderly and average socio-economic standing, and because each had already initiated some action on this issue. We signed contracts at the end of 2004 with the three cities.

Although that was the year that the University of Haifa's Center for Research and Study on Aging published the first national survey on the phenomenon of elder abuse in Israel, JDC-Eshel and the NII, which had commissioned it, were already aware of the data it had collected.³ In particular, JDC-Eshel was using the findings on profiles of elderly who were at risk in its training courses on detection of elder abuse, which we had begun running in 2002.

2005-2008 – Pilot Stage: One lesson learned in the pilot was that it took longer to get things started than we had planned, particularly as this was a new field and one that confronted a difficult phenomenon. As it turned out, laying the groundwork for the pilot took almost all of 2005. This included holding meetings with relevant service professionals (administrators and medical staff of health funds, staff of day centers for the elderly, etc.), and orienting and training the staff of the local social services departments. As a result, the program budget was expended more slowly than originally planned; instead of three years, it often took a location four or four and a half years to expend the budget.

³ Zvi Eisikovits, et. al., *The National Survey on Elder Abuse and Neglect in Israel*, University of Haifa, 2004.

Throughout the pilot process, MJB conducted an evaluation⁴ that examined the types of interventions used by social workers, and the outcomes in terms of ending abuse and improving victims' ability to cope with their situations. The findings showed that since the launch of the pilot: 1) more elderly victims were identified, and 2) social workers began to use more methodical work procedures (intake questionnaires, treatment plans, and evaluations) and to employ a wider variety of interventions, many of which improved the victims' situation. Social workers also began to work with abusers as well as with victims. In addition, the study revealed that whereas in the past, physical abuse was the most common type of incident in a caseload, an increasing level of awareness led to the discovery of other forms of abuse and neglect. The evaluation pointed to the need for more advanced training courses for the units' staff.⁵ (Please see Appendix V for Executive Summary of the evaluation.)

In 2005, JDC-Eshel entered into a partnership to operate a hotline for elderly to report abuse and seek help. JDC-Eshel discontinued its funding as few people called the hotline to report abuse or neglect.

Also in 2005, JDC-Eshel organized the first national conference on elder abuse and neglect together with the Ministry of Social Services and the Ministry of Health. Subsequently, in 2006, it began producing short films and writing guidebooks for professionals to identify and intervene in cases of elder abuse and neglect.

In 2006, a Jerusalem-based NGO approached JDC-Eshel and requested to open a unit, with partner funding from the Jerusalem Foundation. JDC-Eshel contributed funding and professional oversight.

In 2007, the Ministry of Social Services began opening units in several additional locations, independently; however, at this stage, it had not yet made a policy decision to continue expansion.

2009-2012 – Nurture Stage: On the basis of the MJB study, JDC-Eshel and the Ministry of Social Services decided that the model was feasible and should be expanded. The program director, Dr. Sara Alon, was heavily involved, and expansion went generally smoothly.

⁴ Sara Alon and Ayelet Berg-Warman, "Treatment and Prevention of Elder Abuse and Neglect: Where Knowledge and Practice Meet – A Model for Intervention to Prevent and Treat Elder Abuse in Israel," *Journal of Elder Abuse and Neglect*, Vol. 26, 2014.

⁵ Ayelet Berg-Warman, *Evaluation of a Project to Prevent and Treat Elder Abuse and Neglect in the Urban Sector*, 2009.

Challenges involved local politics and getting people to work together. In one case, due to local politics in Maalot, JDC-Eshel discontinued funding and the unit closed.

In 2010, researchers from Haifa University finalized their development of a risk assessment tool that JDC-Eshel had commissioned, and we provided the unit staff, as well as hundreds of other healthcare professionals, with training so they could start using the tool.

2013-2016 – Accelerate: In 2013, JDC-Eshel decided to phase out of the program and came to an agreement with the Ministry of Social Services, which agreed to take over full responsibility for the program, including the formation of new units.

At this stage, JDC-Eshel is involved in:

- *Planning:* JDC-Eshel works together with the Ministry of Social Services on the planning committee, steering committees, and runs joint conferences with them.
- *Resources for Professional Development:* JDC-Eshel organizes an annual conference for professionals who work with the elderly, provides guidance and content for local conferences organized by the units, and holds an annual conference for program staff from all the units.
- *Knowledge Development:* JDC-Eshel has developed three types of courses, which are offered every year (some run more than once): Detecting and identifying abuse in the community (42 hours); detecting and identifying abuse within long-term care facilities – nursing homes (42 hours); skills for treating abused elderly (120 hours); treating the abuser (72 hours).
- *Guidance:* Program director, Dr. Sara Alon, is a member of the national steering committee for this program and is a leading expert on elder abuse in Israel. As such, she continues to provide guidance to the program and to promote awareness of elder abuse in Israel.
- *Public Awareness:* JDC-Eshel's annual summer radio campaign generates thousands of telephone calls to the Reut-Eshel.

Logic Model⁶

Main goals:

- 1) To increase awareness about elderly abuse among elderly, family members, professionals, and the public
- 2) To develop information and tools for professionals
- 3) To increase the identification of seniors exposed to abuse and neglect so they can receive the treatment they need

Inputs	Outputs	Outcomes	
		Short Term	Long Term
	Activities		
	At the Client Level		
Personnel: project manager, facilitators, lecturers, therapists, media experts	Professional service from a social worker assigned to a unit	Awareness of the issue	Increase in number of elderly victims who are identified and treated
	At the Professional Level		
Budget: \$262,860/year for the nationwide project	Professional training in the detection and treatment of elder abuse Study days and conferences	Awareness of the issue Acquisition of knowledge and skills to identify victims and intervene effectively	
	At National Level		
Knowledge: publicity, communications, therapy, professional guidance	Semi-annual press campaign Circulation of information among NGOs that provide services to the elderly Formation of committees to promote inter-organizational and inter-system coordination	Awareness of the issue among the general public	Reduction in incidence of elder abuse and neglect
Equipment/facilities: educational and publicity materials, classrooms, conference halls			

⁶ As JDC-Eshel was not using logic models when the program began, this logic model was created after the fact, in 2013, and is general to the program model.

Income by Year: Ratio JDC vs. Partners



Client Story

New Tool Spurs Realization – And Action

One of JDC-Eshel’s major contributions to the field of elder abuse and neglect has been the design of a cutting-edge risk assessment tool based on research conducted by the University of Haifa, Rambam Health Care Campus, and Hadassah Medical Center. In late 2014, Dr. Sara Alon, director of JDC-Eshel’s Programs to Prevent Elder Abuse and Neglect, presented the tool – the first of its kind in the world – at an annual conference for professionals who implement Israel’s Long Term Nursing Care Act. All of the attendees took part in a hands-on exercise using the tool, which encompasses three main components, including an analysis of risk factors and indicators of abuse, direct questions to potential victims of abuse or neglect, and signs of actual abuse or neglect. To date, the Ministry of Health has funded three interdisciplinary seminars for hospital-based professionals, while JDC-Eshel trained 400 social workers employed by all 44 existing Specialized Units for the Prevention and Treatment of Elder Abuse.

A veteran social worker attending the conference told Dr. Alon the story of one of her elderly clients, a woman whose level of functioning is so low that she is entitled to 18 hours of homecare per week. However, despite the availability of a homecare worker in the household, the woman’s son insisted on bathing his mother himself.

Although, previously, at some level, she certainly knew this was not normal or acceptable behavior, it was only **during this conference** that the social worker realized that the son was sexually abusing his mother, and that she must take immediate and suitable steps to stop it.